

<b>HAULER OF WASTE (Must be filled by hauler)</b>		999000659
<b>ASBURY OIL CO.</b> 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CODE NO.
Pick Up: <span style="font-size: 1.5em; margin-left: 50px;">6/3/78</span> Time: <span style="float: right;">dam opm</span>		(DATE) <span style="font-size: 1.5em;">15</span>
State Liquid Waste Hauler's Registration No. (if applicable): _____		
Job No.: _____ No. of Loads or Trips: <span style="font-size: 1.5em;">5</span> Unit No. <span style="font-size: 1.5em;">9</span>		
Vehicle: <input checked="" type="checkbox"/> vacuum truck <span style="font-size: 1.5em; margin-left: 20px;">100</span> barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other _____ <span style="float: right;">(SPECIFY)</span>		
The described waste was hauled by me to the disposal facility named below and was accepted.		
I certify (or declare) under penalty of perjury that the foregoing is true and correct.		<div style="font-family: cursive; font-size: 1.5em; margin-bottom: 5px;">John W. Hiney</div> <div style="border-top: 1px solid black; width: 100%;"></div> SIGNATURE OF AUTHORIZED AGENT AND TITLE
<b>DISPOSER OF WASTE (Must be filled by disposer)</b>		
<b>OPERATING INDUSTRIES, INC.</b> 2425 So. Garfield Ave. Monterey Park, Calif 91754		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CODE NO.
Name (print or type): _____		
Site Address: _____		
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.		
Quantity measured at site (if applicable): _____		State fee (if any): _____
Handling Method(s):		
<input type="checkbox"/> recovery		
<input type="checkbox"/> treatment (specify): _____		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CODE NO.
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)		
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well		
<input type="checkbox"/> other (specify): _____		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CODE NO.
If waste is held for disposal elsewhere specify final location: _____		
Disposal Date: <span style="font-size: 1.5em; margin-left: 20px;">6-3-78</span>		<div style="font-family: cursive; font-size: 1.5em; margin-bottom: 5px;">[Signature]</div> <div style="border-top: 1px solid black; width: 100%;"></div> SIGNATURE OF AUTHORIZED AGENT AND TITLE
I certify (or declare) under penalty of perjury that the foregoing is true and correct.		
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.		
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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.		
D.O.T. Proper Shipping Name		